

Document must be filed electronically. Paper documents are not accepted. Fees & forms are subject to change. For more information or to print copies of filed documents, visit www.sos.state.co.us.

(leave blank if same as street address)

Colorado Secretary of State

Date and Time: 01/05/2018 08:49 PM

ID Number: 20181018372

Document number: 20181018372

Amount Paid: \$50.00

ABOVE SPACE FOR OFFICE USE ONLY

Articles of Organization

filed pursuant to § 7-80-203 and § 7-80-204 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name of the limited liability company is The Nickelson Group, LLC (The name of a limited liability company must contain the term or abbreviation "limited liability company", "ltd. liability company", "limited liability co.", "ltd. liability co.", "ltd. See §7-90-601, C.R.S.) (Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.) 2. The principal office address of the limited liability company's initial principal office is 3544 Big Ben Dr Street address (Street number and name) 80526 Fort Collins CO (City) (State) (ZIP/Postal Code) **United States** (Province - if applicable) (Country) Mailing address (leave blank if same as street address) (Street number and name or Post Office Box information) (City) (State) (ZIP/Postal Code) (Province - if applicable) (Country) 3. The registered agent name and registered agent address of the limited liability company's initial registered agent are Name Nickelson (if an individual) (Middle) (Last) (First) (Suffix) or (if an entity) (Caution: Do not provide both an individual and an entity name.) 3544 Big Ben Dr Street address (Street number and name) Fort Collins 80526 CO (ZIP Code) (City) (State) Mailing address

(Street number and name or Post Office Box information)

| 4. The true name and mailing ad | dress of the person forming the li | mited liability cor | npany are | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------|
| Name | Niekoloon | lagge | | |
| (if an individual) | Nickelson (Last) | <u>lsaac</u> | (Middle) | — (Suffi |
| or | (2337) | (2 11 11) | (Institutio) | (209) |
| (if an entity) (Caution: Do not provide both | an individual and an entity name.) | | | |
| Mailing address | 3544 Big Ben Dr | | | |
| | (Street numb | er and name or Post Of | fice Box information) | |
| | Fort Collins | CO | 80526 | |
| | (City) | (State) | (ZIP/Postal C | 'oda) |
| | (0.13) | | | oue) |
| The limited liability co company and the name | (Province – if applicable) whiles, adopt the statement by marking the boundary has one or more additionate and mailing address of each such | United S le) (Countr x and include an attach al persons forming | States . y) ment.) the limited liabili | ty |
| The limited liability co company and the name | (Province – if applicable) whiles, adopt the statement by marking the boundary has one or more additionate and mailing address of each such | United S le) (Countr x and include an attach al persons forming | States . y) ment.) the limited liabili | ty |
| The limited liability co- company and the name 5. The management of the limite (Mark the applicable box.) To one or more managers. or the members. 6. (The following statement is adopted by | (Province – if applicable) whiles, adopt the statement by marking the bosompany has one or more additionate and mailing address of each such disability company is vested in | United S (Countr x and include an attached al persons forming th person are stated | States . y) ment.) the limited liabili | ty |
| The limited liability cocompany and the name 5. The management of the limite (Mark the applicable box.) To one or more managers. or the members. 6. (The following statement is adopted by There is at least one members. | (Province – if applicable) lies, adopt the statement by marking the bost company has one or more additionate and mailing address of each such disability company is vested in marking the box.) | United S (Countr x and include an attach al persons forming th person are stated ny. | States . y) ment.) the limited liabili | ty |
| The limited liability cocompany and the name 5. The management of the limite (Mark the applicable box.) To one or more managers. or the members. 6. (The following statement is adopted by There is at least one members at least one members. 7. (If the following statement applies, adopted by This document contains as the statement applies.) This document contains as the statement applies. 8. (Caution: Leave blank if the document contains as the statement applies.) | (Province – if applicable) whiles, adopt the statement by marking the bosompany has one or more additionate and mailing address of each such disability company is vested in marking the box.) ber of the limited liability company the statement by marking the box and incompany the box and inco | United S (Countr x and include an attach al persons forming th person are stated ny. I by law. date. Stating a delay | States (y) ment.) the limited liabili d in an attachment | ty |

(City)

(ZIP Code)

(State)

Notice

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is named in the document as one who has caused it to be delivered.

9. The true name and mailing address of the individual causing the document to be delivered for filing are

| | Nickelson (Last) | Isaac | | | | |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------|-----------------------|---------|--|--|
| | | (First) | (Middle) | (Suffix | | |
| | 3544 Big Ben Dr | | | | | |
| | (Street number | r and name or Post Of | fice Box information) | | | |
| | Fort Collins | СО | 80526 | | | |
| | (City) | (State) | (ZIP/Postal Co | ode) | | |
| | | United States . | | | | |
| | $(Province-if\ applicable)$ |) (Countr | (Country) | | | |
| (If the following statement applies, adopt the This document contains the true recausing the document to be deliv | name and mailing address | | <i>'</i> | ıls | | |

Disclaimer:

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).